

2009-330-C 2019-12-A

Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM								
CERTIFICATED COMPANY INFORMATION								
Company Name: Alliance Global Networks, LLC			FEI					
DBA/FKA:			Telephone # 203-221-8700					
Mailing Address: 107 W Michigan Ave, 4th Floor								
City: Kalamazoo		State: MI	ZIP Code: 49007					
ILEC	IXCX	CLEC		Wireless ETC				
REGISTERED AGENT INFORMATION								
Registered Agent: B Allston Moore Jr.								
Mailing Address: 5 Exchange	Street							
City: Charleston		State: SC	ZIP Code: 49401					

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INF	ORMATION		
General Manager					
Name: Mary O'Keeffe					
Address: 1221 Post Road Ea	ast				
City: Westport		State: CT	ZIP Code: 06880		
Phone: 203-221-8700	Email: mok	@alliancegrp.com	Fax: 203-221-8705		
Emergency Contact —	Non Office Hou	rs			
Name:				The same of the sa	
Phone:	Email:		Fax:		
Customer Relations/C	complaints Rep				
Name: Mary O'Keeffe					
Address: 1221 Post Road E	ast				
City: Westport		State: CT	ZIP Code: 06880		
Phone: 203-221-8700	Email: mok(@alliancegrp.com	Fax: 203-221-8705		
Complaints Rep for Co	omplaint Escala	ition			
Name: Mary O'Keeffe					
Address: 1221 Post Road E	East				
City: Westport		State: CT	ZIP Code: 06880		
Phone: 203-221-8700	Email: mok	@alliancegrp.com	Fax: 203-221-8705		
Customer Toll Free Co	ontact Number:		ZIP Code:		
Engineering Operation	ns		E	757	
Name:			K-		
Address:				JPR U	
City:		State:	ZIP Code:	P	
Phone:	Email:		Fax:	NAP	
Test and Repair				10	
Name:					
Address:		AND			
City:		State:	ZIP Code:	ZIP Code:	
Phone:	Fmail:		Fax:	Fax:	

UTILITY REPRESENTATIVE INFORMATION							
Regulatory Officer							
Name & Title: Mary O'Keeffe							
Address: 1221 Post Road East							
City: Westport		State: CT	ZIP Code: 06880				
Phone: 203-221-8700	Email: mok	@alliancegrp.com	Fax: 203-221-8705				
Annual Report Form Mailings							
Name & Title: Amanda Guclch, Senlor Compliance Specialist							
Address: 107 W Michigan Ave, 4th	Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: cont	tact@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Dual Party Invoice Mailing	s						
Name & Title: Amanda Gucich, S	enior Compl	iance Specialist					
Address: 107 W Michigan Ave, 4th	Floor						
City: Kalamazoo	·····	State: MI	ZIP Code: 49007				
Phone: 269-381-888	Email: conta	act@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Universal Service Fund Ma	ilings						
Name & Title: Amanda Gucich, S	Senior Compli	ance Specialist					
Address: 107 W Michigan Ave, 4t	h Floor						
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855		Fax: 269-381-4855				
Gross Receipts Mailings							
Name & Title: Amanda Gucich, S	Senior Compl	iance Specialist					
Address: 107 W Michigan Ave, 4th Floor							
City: Kalamazoo		State: MI	ZIP Code: 49007				
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com Fax: 269-381-4855						
Lifeline Contact							
Name & Title: n/a							
Address:							
City:		State:	ZIP Code:				
Phone:	Email:		Fax:				

FORM PREPARER INFORMATION				
This form was completed by: Amanda Gucich				
Signature:				
Title: Senior Compliance Specialist	Date: 03/21/19			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street Suite 86

1401 Main Street, Suite 800 Columbia, SC 29201